



PART B - FEE(S) TRANSMITTAL

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11/29/2007

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/844,398	04/27/2001	Chakkalamattam J. Paul	AUS920000858US1	1317

TITLE OF INVENTION: METHOD AND SYSTEM FOR FAULT-TOLERANT REMOTE BOOT IN THE PRESENCE OF BOOT SERVER OVERLOAD/FAILURE WITH SELF-THROTTLING BOOT SERVERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	02/28/2008 CNGUYEN/09-04439824 09040729/200844398		
EXAMINER	ART UNIT	CLASS-SUBCLASS		01 FC:1501	1440.00 DA	
OSMAN, RAMY M	2157	709-227000		02 FC:1504	300.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Duke W. Yee
x Jeffrey S. LaBaw
Peter B. Manzo

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business
Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

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- A check is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-044398 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Peter B. Manzo

Date 02-26-08

Typed or printed name Peter B. Manzo

Registration No. 54,700

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